

# Life Insurance

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# Basic Life Insurance Program

**Who is Eligible?** The Basic Life Insurance program provides \$3,000 life insurance coverage to all eligible employees under age 70 and \$1,500 to eligible employees age 70 or older.

If you are an active, permanent, full-time employee who is enrolled in the state health insurance program, you are eligible for this benefit.

**Enrollment** The Basic Life Insurance benefit is provided free of charge to all eligible employees. Enrollment in the program is automatic with enrollment in a state health insurance program for active employees.

**Schedule of Accidental Losses and Benefits** A benefit will be paid according to the schedule below if the loss means loss of life, hand, foot or sight which:

1. Is caused solely and directly by an accident;
2. Occurs independently of all other causes; and
3. Occurs within 365 days after the accident.

With respect to a hand or foot, loss means actual and permanent severance from the body at or above the wrist or ankle joint. With respect to sight, loss means entire and irrecoverable loss of sight. With respect to thumb and index finger of same hand, loss means actual and permanent severance from the body at or above the metacarpophalangeal joints.

<u>Description of Loss</u>	<u>Benefit</u>
Life	Maximum Benefit
Loss of one hand, one foot or sight of one eye	One-half Maximum Benefit
Two or more of the above losses	Maximum Benefit
Thumb and index finger of the same hand	One-fourth Maximum Benefit

The maximum benefit is equal to your amount of Life Insurance.

**What is Not Covered?** No accidental death or dismemberment benefits are payable if the loss is caused or contributed to by:

- Self-destruction, attempted self-destruction or intentional self-inflicted injury, whether the employee is sane or insane;
- War or any act of war; participating in a riot or performing police duty as a member of any military or naval organization;
- Sickness (physical or mental) of any kind;
- Bacterial infections, except infections caused by pyogenic organisms introduced through an accidental cut or wound;
- Participation in the commission of an assault or felony; or
- Any bodily injury intentionally inflicted by any person, unless as an innocent bystander having no relationship to the altercation causing the injury and the injured person's intoxication.\*

\*Intoxication means that the blood alcohol content, or the results of other means of testing blood alcohol level, meet or exceed the legal presumption of intoxication under the law of the state where the accident took place.

**How Claims  
are Paid**

Benefits are paid as soon as acceptable proof of loss is received. Benefits or loss of life are paid to your named beneficiary. Benefits other than loss of life will be paid directly to you. Proof of loss must be provided within 90 days after the date of the loss. If that is not possible, it must be provided as soon as reasonably possible, but not later than one year after that 90-day period. The Hartford will pay benefits within 60 days after proof of loss is satisfied.

**Extension of  
Benefits**

When your health coverage as an active employee is terminated, you will no longer be eligible for Basic Life coverage. However, you will be allowed to convert your coverage.

**Conversion**

If you are terminating employment, you may convert your coverage to an individual policy. To do so, you must complete and submit a conversion form (available through your benefits office or EIP) to The Hartford within 31 days after your Basic Life coverage ends.

# Optional Life Insurance Program

<b>The Contract</b>	The Optional Life Insurance contract consists of: the policy, which is issued to EIP; EIP's application, which is attached to the policy; and your application, if required. The policy is held by EIP and you receive a certificate of coverage. This section of the <i>Insurance Benefits Guide</i> is considered your <b>certificate of coverage</b> for EIP's Group Optional Life Insurance Plan and is governed by the policy.
<b>Changes in the Insurance Contract</b>	The insurance contract may be changed at any time as long as The Hartford and EIP agree on the change. No one else has the authority to change the contract. Changes in the contract may affect any class of insured people and do not require your or your beneficiary's consent. All changes must be in writing, made a part of the policy and signed by an official of The Hartford and EIP.
<b>Applications</b>	The NOE and/or Personal Health Statement that you complete to be covered by this plan are considered your application for life insurance coverage. The Hartford may use misstatements or omissions in your application to contest the validity of insurance or to deny a claim. However, The Hartford must first give you or your beneficiary a copy of the application that is being contested. The Hartford will not use your application to contest insurance that has been in force for two years or more during your lifetime.
<b>Cafeteria Plan (MoneyPlu\$) Election Restrictions</b>	This policy is part of a cafeteria plan (MoneyPlu\$) sponsored by your employer and governed by the requirements of Sections 105, 125 and 129 of the provisions Internal Revenue Code. The rules of the cafeteria plan will supersede any of the policy which are in conflict with them. By law, cafeteria plans are subject to the following restrictions: The benefits you elect during the enrollment period will remain in effect until the next enrollment period. Section 125 allows exception to this rule only in specified situations, including change in family status and commencement or termination of employment as described in the MoneyPlu\$ section. Active employees can pay Optional Life insurance premiums before taxes through the MoneyPlu\$ Pretax Group Insurance Premium Feature (see page 149). Retired employees are not eligible.
<b>Legal Action</b>	No legal action may be brought against The Hartford until at least 60 days after it has been given written proof of loss. Also, no legal action can be brought against The Hartford more than six years after the date that written proof of loss is required.

# Contract Terms

<b>Actively at Work</b>	An employee will be considered actively at work on a day which is one of the employer's scheduled work days, if he is performing at his usual place of work or at another place to which he is required to travel, and in the usual manner, all of the regular duties of his work on a full-time basis on that day. He will also be considered actively at work on a paid vacation day or on a day which is not one of the employer's scheduled workdays only if he was actively at work on the preceding scheduled workdays.
<b>AD&amp;D</b>	Accidental death and dismemberment. See page 103 for information on AD&D benefits.
<b>Amount of Life Insurance</b>	The benefit amount payable upon your death.
<b>Basic Salary</b>	The actual amount you are compensated by your employer per year, including merit and longevity increases. It does not include commissions, annuities, bonuses, overtime or incentive pay. If you are a teacher, it does not include compensation for summer school.
<b>Deferred Effective Date</b>	If you are absent from work due to injury or sickness on the date your insurance or your dependent's insurance would otherwise have become effective or would have been increased, the effective date of insurance or the effective date of any increase in insurance will be deferred until the date you return to work as an active, permanent, full-time employee for one full day.
<b>EIP</b>	The Employee Insurance Program.
<b>Employee</b>	A person who is classified as a full-time, permanent employee who receives compensation from a department, agency, board, commission or institution of the state; public school districts; county governments (including county council members); local subdivisions; and other eligible entities approved by state legislation and participating in the state insurance program. Members of the South Carolina General Assembly, clerical and administrative employees of the General Assembly, and judges in the state courts are also considered employees eligible for coverage. An employee is classified for insurance purposes as full-time if he works at least 30 hours per week continuously for at least one year in a full-time, permanent position. Active employees who work at least 20 hours per week may also be eligible at the covered entity's option.
<b>Injury</b>	An accidental bodily injury that requires treatment by a physician. Any loss that results from the injury must be independent of sickness or other causes.
<b>Maximum Amount of Life Insurance</b>	The maximum eligible amount for all eligible employees is \$500,000 (medical evidence may be required for this amount).

<b>Notice of Election Form (NOE)</b>	The application form you use to enroll for benefits or change your coverage level, beneficiary, name or address.
<b>Personal Health Statement</b>	The form used to provide medical evidence of good health to The Hartford.
<b>Physician</b>	A licensed medical doctor (M.D.) other than yourself. Where group insurance law requires, a physician also means any other licensed healthcare practitioner.
<b>Pretax Group Insurance Premium Feature Sickness</b>	This feature allows you to pay your Optional Life insurance premiums for coverage up to \$50,000 before taxes are taken out of your paycheck (retirees are not eligible to participate in the Pretax Group Insurance Premium Feature). A disease, disorder or condition that requires treatment by a physician.
<b>Special Eligibility Situation</b>	An event that allows an eligible employee to enroll himself or make changes in the state Optional Life program. Examples include: birth, marriage, adoption or placement. Involuntary loss of other coverage applies only to those who lost the coverage. Enrollment changes must be requested within 31 days of the qualifying event. <b>A salary increase does not constitute a special eligibility situation.</b>
<b>The Hartford</b>	The Hartford Life and Accident Insurance Company.
<b>Transferring Employee</b>	As an active employee, you can move from one state group entity to another as a transfer, provided there is no more than a 15 calendar-day break in employment. In addition, if there is not a break in your insurance coverage, you are considered a transfer. Academic employees who complete a school term and move to another academic setting at the beginning of the next school term are also considered transfers. A transferring employee is not considered a new hire for insurance program purposes. At the time of transfer, you will transfer to your new entity with all insurance programs in effect with your previous entity as any other continuing state insurance group employee. Refer to the Enrollment and Eligibility section below for rules and procedures.  When you terminate employment, tell your benefits administrator that you are transferring from one state group entity to another. EIP will produce a transfer form that will be sent to the benefits administrator at your new entity. You may change your Optional Life beneficiaries at any time.
<b>You</b>	A person who is insured under the policy.

# Enrolling in Life Insurance

## Initial Enrollment

If you are an employee of a participating entity of the state of South Carolina, you can enroll in the Optional Life Insurance Plan within 31 days of the date you are hired. To enroll, you must complete the required forms, including an NOE. Coverage is not automatic. You can elect coverage in \$10,000 increments up to the lesser of three times your basic annual earnings (rounded down to the nearest \$10,000) or \$500,000 without providing medical evidence of good health. You can select a higher benefit level in increments of \$10,000, up to a maximum of \$500,000, by providing medical evidence of good health.

Your coverage begins on the first day of the calendar month coinciding with or the first of the month following your date of employment if you are actively at work on that day as a permanent, full-time employee. If you enroll for an amount of coverage that requires medical evidence of good health, your coverage effective date for the amount requiring medical evidence will be the first of the month following approval. All effective dates of coverage are subject to the Deferred Effective Date provision (see page 98).

## Premiums

Optional Life premiums are determined by your age on the preceding December 31 and the amount of insurance you select. Active employees can pay premiums before taxes through MoneyPlu\$ (see page 149). Retired employees are not eligible for the Pretax Premium Feature. Optional Life premiums are included at the end of this section beginning on Page 117.

## What if My Age Category Changes?

If your age category changes, your premium will change January 1 of the next calendar year.

## What if I Want to Change My Amount of Coverage?

If you participate in the MoneyPlu\$ Pretax Premium Feature, you can increase, decrease or drop your coverage only during each October annual enrollment period or within 31 days of a special eligibility situation (see Page 99). To increase your coverage during the annual enrollment period, you must provide medical evidence of good health and be approved by The Hartford. If approved, coverage will be effective on the first day of January following the annual enrollment period as long as you are actively at work on that day as a full-time employee. All effective dates of coverage are subject to the Deferred Effective Date provision (see Page 98). If you are increasing your coverage due to a special eligibility situation, you can increase in increments of \$10,000 up to \$50,000 (\$500,000 maximum coverage amount) without providing medical evidence of good health. Remember that a salary increase does not constitute a special eligibility situation.

## Changing Coverage Amount without Pretax Premium Feature

If you do **NOT** participate in the MoneyPlu\$ Pretax Premium Feature, you can increase your amount of coverage at any time during the year by providing medical evidence of good health and being approved by The Hartford. Your coverage at the new level will be effective on the first day of the calendar month following the date of approval as long as you are actively at work on that day. All effective dates of coverage are subject to the Deferred Effective Date provision (see Page 98). You can decrease or cancel your coverage at any time.



However, if you later want to increase coverage or re-enroll in the plan, you must provide medical evidence of good health and be approved.

### **Late Entry**

If you participate in the MoneyPlu\$ Pretax Premium Feature and do not enroll within 31 days of the date you begin employment, you can enroll only within 31 days of a special eligibility situation (see Page 99) or during the annual enrollment period. Medical evidence will not be required if you enroll within 31 days of a special eligibility situation, and coverage will be effective on the date of the qualifying event. Otherwise, you must complete an NOE and a Personal Health Statement during the annual enrollment period for review of medical evidence of good health and return these forms to your benefits office for processing. If approved, your coverage will be effective on the first day of January following the annual enrollment period or, if approved after January 1, coverage will be effective the first of the month following approval as long as you are actively at work on that day as a permanent, full-time employee. All effective dates of coverage are subject to the Deferred Effective Date provision (see Page 98).

### **Late Entry Without Pretax Premium Feature**

If you do **NOT** participate in the MoneyPlu\$ Pretax Premium Feature and do not enroll within 31 days of the date you begin employment, you can enroll throughout the year as long as you provide medical evidence of good health and it is approved by The Hartford. To enroll, you must complete an NOE and a Personal Health Statement and return these forms to your benefits office for processing. Your coverage will be effective on the first day of the calendar month coinciding with or the first of the month following approval as long as you are actively at work on that day as a permanent, full-time employee. All effective dates of coverage are subject to the Deferred Effective Date provision (see Page 98).

# Your Life Insurance Benefits

<b>Your Benefit</b>	If you die while insured by this plan, The Hartford will pay the amount of life insurance for which you are enrolled. Benefits will be paid to the beneficiary you have designated on your NOE. If you do not choose a beneficiary, or if no beneficiary survives you, benefits will be paid to your estate. You may elect more than one beneficiary. Benefits will be paid equally among surviving beneficiaries unless you have requested otherwise in writing. If you wish to designate an amount of money to go to each beneficiary, you may do so by using percentages. Do not use dollar amounts.
<b>Your Living Benefit</b>	If you are an active employee under age 60, and you are diagnosed by a physician as having a terminal illness, you may request that The Hartford pay up to 80 percent of your life insurance prior to your death (this is a one-time request). The remaining benefit will be paid to your beneficiary upon your death. A terminal illness means that you have a life expectancy of 12 months or less. The Hartford may require proof that you are terminally ill before benefits are paid.
<b>Method of Payment</b>	The Hartford will pay benefits in a lump sum.
<b>How to Change Your Beneficiary or Method of Payment</b>	You can change your beneficiary (unless you have given up that right). To make a change, you should notify your benefits office and complete an NOE. When processed, the change will be effective on the date the request is signed. However, the change will not apply to any payments or other action taken before the request was processed. Note: Under no circumstances may a beneficiary be changed by a Power of Attorney.
<b>Facility of Payment</b>	The Hartford may pay up to \$2,000 to any person who has incurred expenses for your burial if there is no designated beneficiary. In addition, monthly payments of no more than \$50 can be paid to someone other than the beneficiary if the beneficiary is a minor, the beneficiary does not have the legal capacity to sign a receipt for payment (in The Hartford's opinion), and there is no court-appointed guardian or conservator. The Hartford may make these payments to the person or institution that cares for or supports the minor until a court-appointed guardian or conservator makes claim for the remainder of the benefit.
<b>Assignment</b>	The Hartford is not responsible for the validity or tax consequences of any assignment. No assignment will be binding on The Hartford until The Hartford records and acknowledges it. Collateral assignments are not permitted.
<b>Suicide Exclusion</b>	No Optional Life benefit will be payable if death results from suicide, whether the covered person is sane or insane, within two years of the effective date. If death occurs within two years of a coverage increase, the death benefit payable is limited to the amount of coverage in force prior to the increase.

# Your Accidental Death and Dismemberment Benefits

*(This provision does not apply to retirees.)*

**Accidental Death** If you die accidentally, The Hartford will pay an additional benefit equal to your amount of life insurance. To receive the additional benefit, death must not be due to a sickness or any other cause that is not considered accidental. Benefits will be paid according to the life insurance benefits provisions listed on Pages 102-104 of this section.

**Seat Belt Rider** If you die in an automobile accident while wearing your seat belt, your accidental death benefit will increase by 25 percent. For example, if your Amount of Life Insurance is \$20,000 and you die in an accident, an additional \$20,000 accidental death benefit will be payable (according to the Accidental Death provision explained above). The seat belt rider increases this accidental death benefit by 25 percent, or \$5,000. The total accidental death benefit will then be \$25,000. This means the entire death benefit will be \$45,000. This rider will not apply to the driver who caused the accident if he was under the influence of drugs or alcohol, or if the death was the result of a sickness.

**Dismemberment** Dismemberment benefits will be paid up to your Amount of Life Insurance. Benefits for the losses shown in the Schedule of Accidental Losses and Benefits are paid in a lump sum. If an injury causes more than one benefit to be payable according to the schedule listed on page 104 of this section, only the largest benefit will be paid.

Loss of a hand means the loss of at least four fingers of the same hand. Loss of a foot means the severance at or above the ankle joint. Loss of a thumb or index finger means the severance of two or more phalanges of both the thumb and the index finger. Loss of an eye means the total loss of sight in that eye.

**Day Care Benefit** A day care benefit will be paid to each dependent that is less than age 7 (at the time of the insured's death) and is enrolled in a day care program. For each dependent that qualifies, one payment is issued per year for no more than two years. The benefit is five percent of the face value, or \$10,000 (whichever is less) per year.

**Education Benefit** An education benefit is paid for each dependent who qualifies as a student, with one payment issued per 12-month period to a maximum of four consecutive periods. A qualified dependent must be either a post-high school student who attends a school for higher learning on a full-time basis at the time of the insured's death or in the 12th grade and will become a full-time post-high school student in a school for higher learning within 365 days after the insured's death. The benefit is five percent of the face value, or \$5,000 per year (whichever is less).

**Felonious Assault Benefit** A felonious assault benefit is paid if the insured is injured in a felonious assault and the injury results in a loss for which benefits are payable under the Accidental Death and Dismemberment (AD&D) and Loss of Sight benefit. The benefit is payable only if the assault occurs while the insured is on the premises of, or conducting the business of, the policyholder; is directly related to the

insured's employment with the policyholder and is not committed by an employee of the policyholder or an insured's family member. The benefit is one times the annual earnings, \$25,000, or the AD&D maximum (whichever is less). The benefit is payable only if the loss is policyholder-related.

### Schedule of Accidental Losses and Benefits

The Hartford will pay a benefit according to the schedule below if:

1. You suffer accidental bodily injury while your insurance is in force
2. A loss results directly from such injury, independent of all other causes
3. Such a loss occurs within 90 days after the date of the accident causing the injury

#### Description of Loss

#### Benefit

Life

Maximum Benefit

Loss of both hands, both feet or both eyes

Maximum Benefit

Loss of one hand and one foot, one hand and one eye, or one foot and one eye

Maximum Benefit

One hand, one foot or one eye

One-half Maximum Benefit

Thumb and index finger of the same hand

One-fourth Maximum Benefit

The maximum benefit is equal to your Amount of Life Insurance.

### What Is Not Covered?

The Hartford will not pay accidental death or dismemberment benefits for a loss that results from:

- Self-destruction, attempted self-destruction or an intentionally self-inflicted injury, whether you are sane or insane;
- War or any act of war, participating in a riot, or performing police duty as a member of any military or naval organization;
- Sickness (physical or mental) of any kind;
- Bacterial infections, except infections caused by pyogenic organisms introduced through an accidental cut or wound;
- Participation in the commission of an assault or felony;
- Any bodily injury intentionally inflicted by any person or persons, unless you are an innocent bystander having no relationship to the altercation causing this injury; or
- The injured person's intoxication.\*

\*Intoxication means that the blood alcohol content or the results of other means of testing blood alcohol level, meet or exceed the legal presumption of intoxication under the law of the state where the accident took place.

# Payment of Claims

In order to pay benefits, The Hartford must be given a written proof of loss. This means a claim must be filed as described below.

## How to File Claims

First, a claim form should be requested from your benefits office or EIP. This should be done within 20 days after the loss occurs or as soon as reasonably possible. Next, the claim form should be completed and signed. If a physician must complete part of the claim form, he must also sign that part.

Finally, the claim form and an original death certificate with a raised seal or a red seal (if filing a death claim) should be returned to the employee's benefits office. Claims for retired employees should be filed with The Hartford (for information and forms, contact The Hartford at 888-803-7346, extension 3648). The claim form should be filed within 90 days after the loss occurs or as soon as reasonably possible. Claims must be filed no later than 15 months after the loss occurs, unless the person filing the claim is not legally capable of doing so.

## How Claims Are Paid

Benefits are paid as soon as The Hartford receives acceptable proof of loss. Benefits for loss of life are paid as described on Pages 102-104 of this section. Benefits other than loss of life will be paid directly to you, except that benefits unpaid at your death may be paid, at The Hartford's option, to your beneficiary or to your estate.

## Examinations and Autopsies

The Hartford sometimes requires that a person filing the claim for the living benefit be examined by a physician of The Hartford's choice. The Hartford will not require more than a reasonable number of examinations. Required examinations will be paid for by The Hartford. Where it is not prohibited by law, The Hartford may require an autopsy. A required autopsy will be paid for by The Hartford.

# Extension of Benefits

An extension of benefits is provided according to the requirements below. The Hartford is not required by contract to provide these benefits unless you meet these requirements.

## Leave of Absence

If you are on leave of absence approved by your employer, you can continue your group Optional Life Insurance for up to 12 months from the last day worked as long as you pay the required premium. If you become totally disabled, apply for a conversion policy or die, The Hartford will require written proof of your leave of absence approval.

## Disability

If you become totally disabled, your life insurance will be continued for up to 12 months from your last day worked provided:

- Your total disability began while you were covered by this group Optional Life Insurance Plan;
- Your total disability began before you reached age 69; and
- The group Optional Life Insurance policy does not end.

Your premiums will be waived for up to 12 months from the last day worked while you are totally disabled. The 12-month period begins the first of the month following your last day worked. In order for your premiums to be waived, you must provide proof of disability to your benefits administrator within one year after the last day you were actively at work.

If you return to work during the 12-month waiver period and work one full week, the premium waiver period should end; if you must leave employment again due to total disability, the 12-month waiver will start over from the last day you were physically at work.

If your 12-month waiver ends and you have not returned to work as a permanent, full-time employee, you will be eligible to continue coverage through conversion (see page 108). However, if you are eligible for service retirement or approved for disability benefits you may be eligible to continue your Optional Life Insurance until age 75. You must file for continuation within 31 days of termination of your active employee coverage.

A total disability is a disability that prevents you from engaging in any occupation or employment for which you are reasonably qualified by education or training. We will also consider the following injuries a total disability:

- Entire and irrecoverable loss of sight in both eyes;
- Loss of both hands;
- Loss of both feet; and
- Loss of one hand and one foot.

Loss of a hand means the loss of at least four fingers of the same hand. Loss of a foot means the severance at or above the ankle joint.

If the group Optional Life Insurance policy ends while you are continuing your benefits because of total disability, your coverage will end the earlier of:

- The date total disability ends; or
- The first of the month following the end of the 12-month continuation period, provided you submit proof of continued disability and are examined by a physician of The Hartford's choice.

# When Your Coverage Ends

## Coverage Termination

Your insurance will end at midnight on the earliest of:

- The last day of the month you terminate your employment. See the conversion provision below;
  - The last day of the month you go on unapproved leave of absence;
  - The last day of the month you enter a class of employees not eligible for coverage (for example, a change from full-time to part-time status);
  - The date EIP's policy ends;
  - The last day of the month you do not pay the required premium for that month;
  - The day before you enter the armed forces on active duty (except for temporary active duty of two weeks or less); or
  - The day you become age 70, if you continued coverage as a retiree with a date of retirement before Jan. 1, 1999; the day you become age 75 if you continue coverage as a retiree with a date of retirement Jan. 1, 1999, and later.
- Claims filed before the date insurance ends will not be affected.

## Conversion

If your life insurance ends because your employment or eligibility for coverage ends, you may apply for an individual policy of life insurance without providing medical evidence of good health. This type of policy is called a conversion policy. To apply for an individual conversion policy, contact your benefits administrator or EIP. They will send you an application to convert your coverage. You must complete and submit this application and your first conversion premium to The Hartford within 31 days after your group Optional Life Insurance coverage ends. Your conversion policy is then effective on the 32nd day after your group coverage ends. When applying for coverage, keep these rules in mind:

1. You may apply for any of The Hartford's non-term life insurance policies.
2. You may apply for an amount of life insurance that is not more than the amount of life insurance you had under your terminated group Optional Life Insurance.
3. Your new premium for the conversion policy will be set at The Hartford's standard rate for the type of policy you choose, the amount of coverage that you wish to convert and your age.

## Continuation as a Retiree

If you retired on or after Jan. 1, 2001, you may continue your coverage in \$10,000 increments, up to your active coverage level until age 75. Please refer to the Retiree section of this guide for more information.

## If the Group Policy is Terminated

If your group Optional Life Insurance ends because of termination by the state of the group Optional Life policy or termination of a class, and you have been insured under the policy at least five years, you may apply for a conversion policy within 31 days of the event. The conversion policy will be issued according to rules 1 and 3 above. However, your converted life insurance amount may not exceed the lesser of \$10,000 or the amount of your terminated group Optional Life Insurance, less the amount of any other group insurance for which you become eligible within 31 days of the termination. If you are issued a conversion policy and you again become eligible for group Optional Life Insurance with EIP, your group coverage will become effective only if you terminate the conversion policy.



**Additional  
Death Benefit**

If you die within the 31-day continuation or conversion period, The Hartford will pay the amount of life insurance you were entitled to continue or convert. Proof of your death (a certified death certificate with a raised seal or a red seal) must be accepted by The Hartford for this benefit to be paid.

# Dependent Life Insurance Program

## Enrollment and Eligibility

### Who is Eligible?

You may enroll in the Dependent Life Insurance program for your eligible dependents even if you do not have Optional Life coverage or other state group benefits. Your eligible dependents include:

- Your lawful spouse or former spouse whom you are required to cover by divorce decree or court order. You cannot cover both your current and former spouse. If your spouse is eligible for coverage as an employee of a participating entity, you cannot cover him as a dependent.
- Your children, who must be:
  1. Natural children, adopted children, stepchildren or children for whom you have legal guardianship
  2. Unmarried
  3. Over 14 days old but less than age 19, or 19 years old but less than age 25, who attend school on a full-time basis (as defined by the institution) as their principal activity and are primarily dependent upon you for financial support.

Dependent children who are incapable of self-sustaining employment due to mental retardation, mental illness or physical handicap are not subject to the above age limitations. Please see your benefits administrator for more information.

If both husband and wife are state employees, only one can carry dependent coverage for eligible dependent children.

### How to Enroll

You can enroll in the Dependent Life Insurance plan without having to provide medical evidence of good health within 31 days of the date you are hired. You must complete an NOE and return it to your benefits office. You must list each dependent you wish to cover on the NOE. If a dependent is not listed on the NOE, he is not covered.

Coverage is effective on the first day of the calendar month coinciding with or the first of the month following your date of employment. All effective dates of coverage are subject to the Deferred Effective Date provision (see page 98).

### Marriage

If you wish to add a dependent spouse because you marry, you can add them without providing medical evidence of good health by completing an NOE within 31 days of the date of marriage. Coverage becomes effective with the date of marriage. You cannot cover your spouse as a dependent if your spouse is or becomes an employee of a state entity that participates in the plan. If you divorce, you must drop your spouse from your coverage by completing an NOE within 31 days of the date of divorce unless you are required by court order or divorce decree to continue coverage. If you remarry, you can cover your divorced spouse or your current spouse, but not both. You can continue to cover your children if they live with you and you are financially responsible for them, or if you are required to cover them by court order.

<b>Loss of Coverage</b>	If your spouse is terminated by an entity that participates in this plan, you can enroll your spouse in Dependent Life coverage up to \$20,000 within 31 days of his termination without having to provide medical evidence of good health. If your spouse terminates active employment because of a disability and remains on the active group in a waiver status under Optional Life coverage, your spouse can be added to your Dependent Life Insurance only within 31 days of his Optional Life waiver end date.
<b>Adding Children</b>	Eligible children may be added at any time throughout the year, without providing medical evidence of good health, by completing an NOE. Coverage will be effective the first of the month after you complete and file the NOE. Children must be listed on your NOE to be covered. You must list each child on the NOE, even if you have Dependent Life Insurance coverage when you gain a new child. Coverage will begin on the date the dependent child is acquired. All effective dates of coverage are subject to the Deferred Effective Date provision (see page 98).
<b>Late Entry</b>	If you do not enroll within 31 days of the date you begin employment or when you acquire an eligible dependent, you can enroll your spouse throughout the year as long as you provide medical evidence of good health and it is approved by The Hartford. To provide medical evidence of good health, you must complete a Personal Health Statement. Coverage will be effective on the first day of the calendar month coinciding with or the first of the month following approval provided the employee is actively at work. All effective dates of coverage are subject to the Deferred Effective Date provision (see page 98).
<b>Excluded Dependent</b>	Any dependent who is eligible for Optional Life Insurance Plan coverage, or who is in full-time military service, will not be considered a dependent.
<b>What is the Deferred Effective Date for Dependents?</b>	<p>If a dependent, other than a newborn, is confined in a hospital or elsewhere* because of a physical or mental condition on the date insurance would otherwise have become effective, the effective date of insurance will be deferred until the dependent is discharged from the hospital or no longer confined and has engaged in substantially all the normal activities of a healthy person of the same age for a period of at least 15 days in a row.</p> <p>* “Confined elsewhere” means the individual is unable to perform, unaided, the normal functions of daily living, or leave home or another place of residence without assistance.</p>

## Schedule of Benefits

Dependent Life spouse coverage and premiums are not combined with the Dependent Life child coverage and premiums.

<b>Dependent Life Spouse Coverage</b>	If you are currently enrolled in Optional Life, you may cover your spouse in increments of \$10,000 for up to 50 percent of your Optional Life coverage or \$100,000, whichever is less. Medical evidence of good health is required for late entry (see page 101) and for coverage amounts greater than \$20,000. If you are not enrolled in Optional Life, you may cover your spouse for \$10,000 or \$20,000.
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Premiums for Dependent Life spouse coverage are the same as the Optional Life premiums, which are based on the **EMPLOYEE'S** age. Your spouse's coverage will be reduced at ages 70, 75 and 80 based on the employee's age. See the rate charts at the end of this section beginning on page 117. Premium payments are paid entirely by you, with no contribution from the state, and are payable through payroll deduction.

Spouses enrolled in Dependent Life are covered for Accidental Death and Dismemberment benefits (see page 103).

#### **Dependent Life Child Coverage**

You can cover your eligible dependent children over age 14 days, but less than age 19, or age 25, if enrolled as a full-time student, for \$10,000. The monthly premium for Dependent Life child coverage is \$1.32, regardless of the number of children covered. Premium payments are paid entirely by you, with no contribution from the state, and are payable through payroll deduction.

## **Payment of Claims**

When The Hartford receives acceptable proof of a covered dependent's death, the amount of life insurance will be paid based on the coverage you select.

Payment will be made in a lump sum to you. If you are not living, payment will be made to your beneficiary or to your estate if you do not name a beneficiary or if no beneficiary survives you. Benefits will be paid in equal amounts to surviving beneficiaries unless you have requested otherwise in writing.

#### **How to File Claims**

In order to pay benefits, The Hartford must be given written proof of loss. This means a claim must be filed as described below.

First, a claim form should be requested from your benefits office or EIP (call 888-260-9430 or 803-734-0678). This should be done within 20 days after the loss occurs or as soon as reasonably possible. Next, the claim form should be completed and signed. If a physician must complete part of the claim form, he must also sign that part.

Finally, the claim form and an original copy of the death certificate with a raised seal or a red seal should be returned to the employee's benefits office. The claim form should be filed within 90 days after the loss occurs or as soon as reasonably possible. Claims must be filed no later than 15 months after the loss occurs, unless the person filing the claim is not legally capable of doing so.

#### **When Claims Are Paid**

Benefits are paid as soon as The Hartford receives acceptable proof of loss.

#### **Autopsies**

Where it is not prohibited by law, The Hartford may require an autopsy. A required autopsy will be paid for by The Hartford.

## When Dependent Life Insurance Coverage Ends

### Termination of Coverage

Your dependent's coverage will terminate at midnight on the earliest of:

- The day the policy ends
- The day you, the employee, are no longer eligible to purchase the Dependent Life Insurance Plan
- The day on which the dependent no longer meets the definition of a dependent
- The day any premiums for Dependent Life Insurance coverage are due and unpaid for a period of 31 days

### Conversion

If your dependent's coverage terminates because of one of the above-listed reasons, coverage may convert to an individual life insurance policy. The dependent must apply to The Hartford in writing within 31 days of the date insurance under this plan is terminated and pay the required premiums for individual life insurance for the dependent's age and class of risk.

If your dependent converts coverage, The Hartford will issue an individual life insurance policy. This policy will:

- Be issued without medical evidence of good health
- Be on one of The Hartford's non-term policy forms
- Be for no more than the amount for which the dependent was last insured under this Dependent Life Insurance Plan
- Contain no disability or supplementary benefits
- Be effective on the 32nd day after the group life insurance on the dependent's life terminates

If you have had this Dependent Life Insurance Plan for at least five years, and your dependent's insurance terminates because The Hartford or EIP terminates the Dependent Life Insurance Plan or amends the plan so your dependent is not eligible, your dependent can convert coverage to an individual life insurance policy subject to:

- The same conditions and limitations that apply to an insured person whose employment terminates
- A limit of the least of:
  1. the amount for which the dependent was last insured under this benefit, reduced by any amount for which is eligible under any other group life insurance policy within 31 days of the termination of insurance; or
  2. the amount the dependent elects.

Such a policy will be effective on the 32nd day after the group life insurance terminates. Any individual life insurance policy issued under this conversion privilege is in lieu of all other benefits provided by this policy. If your dependent dies during the 31-day conversion period, The Hartford will, when provided with due proof of loss, pay the amount of life insurance the dependent was entitled to convert.

# Travel Assistance Program

When you're traveling, emergencies can occur. Now, help is only a phone call away for Basic, Optional and Dependent Life subscribers. You're eligible for a Travel Assistance Program provided by Hartford through Worldwide Assistance Services, Inc. (WA), a leader in the travel assistance industry. The Travel Assistance Program gives you 24-hour, toll-free access to emergency assistance when you travel 100 miles or more from home for 31 consecutive days or less. And, the benefits and services are also available for your covered dependents - whether or not they're traveling with you.

WA offers a wide range of services both before you leave home as well as in emergency situations.

## Pre-trip Information Services:

- VISA, Passport, Inoculation and Immunization
- Embassy and Consular Referrals Requirements
- Foreign Exchange Rates
- Cultural Information
- Travel Advisories
- Temperature and Weather Conditions

**Emergency Medical Assistance** (when traveling, you must abide by your health plan's rules - e.g., use SHP network or BlueCard network providers):

- **Medical Referrals** - Upon request, WA will assist you in locating physicians, dentists and medical facilities that can take care of your medical needs. Whenever possible, WA will refer you to English-speaking medical providers.
- **Medical Monitoring** - While being treated for a medical emergency, professional case managers (including physicians and nurses) will communicate with your attending local physicians to make sure that you receive an appropriate level of care and to determine if further intervention, medical evacuation or even repatriation (return to U.S.) is needed.
- **Medical Evacuation** - If WA's physicians, in consultation with your local attending physician, determine that the care you receive is sub-standard, WA will recommend that you be transported to the closest adequate medical facility that can provide relevant care for your medical emergency. WA will make all arrangements and will pay for all associated evacuation expenses. And WA's physician team makes all decisions as to the medical necessity of such a transport.
- **Medical Repatriation** - If WA's physician, after consulting with your local attending physician, determines that you need further medical hospital care or long-term rehabilitation, WA will arrange and pay for you to be brought back to your home. WA's physician team makes all decisions as to the medical necessity of such a transport.
- **Traveling Companion Assistance** - If your travel companion loses previously made travel arrangements due to your medical emergency, WA will arrange and pay for your companion's return home by the most direct and economical route.

- **Dependent Children Assistance** - If any dependent children traveling with you are left unattended because you are hospitalized, WA will arrange and pay for their economy class transportation home with a qualified escort, if necessary.
- **Visit by a Family Member or Friend** - If you are traveling alone and must be hospitalized for at least seven consecutive days, are likely to be hospitalized at least seven consecutive days or are in critical condition, WA will, upon your request, arrange and pay for economy class round trip transportation for one member of your immediate family, or one friend you designate, from his or her home to the place where you are hospitalized.
- **Emergency Medical Payments** - When it is necessary for you to obtain needed medical services, WA will, upon your request, advance up to \$10,000 to cover on-site medical expenses. The advance of funds will be made to the medical provider after WA has secured funds (usually by debiting a credit card) from you or your family.
- **Return of Mortal Remains** - In case of death while traveling, WA will arrange and pay up to a maximum of \$10,000 for the proper return of remains to the deceased's place of residence for burial, including all necessary government authorizations and transportation.
- **Replacement of Medication and Eyeglasses** - WA can arrange to fill a prescription that has been lost, stolen, or requires a refill, subject to local law, whenever possible. WA will also arrange for shipment of replacement eyeglasses. Costs for shipping medication, eyeglasses, or a prescription refill are your responsibility.

#### **Emergency Personal Services**

- **Urgent Messages** - While you are traveling, WA can receive and relay urgent messages for you and your family.
- **Emergency Travel Arrangements** - If appropriate, WA can make new travel arrangements or change airline, hotel and car rental reservations.
- **Emergency Cash** - WA can advance up to \$500 after satisfactory guarantee of reimbursement from you (usually a credit card). Any fees associated with the transfer or delivery of funds are your responsibility.
- **Lost/Stolen Luggage/Personal Possessions** - WA can assist in locating and replacing lost or stolen luggage, documents, and personal possessions.
- **Legal Assistance/Bail** - WA can locate an attorney and advance bail funds, where permitted by law, with satisfactory guarantee of reimbursement. (Attorney fees are your responsibility.)
- **Interpretation/Translation** - WA can assist with the telephone interpretation in all major languages or will refer you to an interpretation or translation service for written documents.



## How To Access Services

If you or your dependents need emergency or other services, simply call WA 24 hours a day (telephone numbers are located on the back of your Travel Assistance card) and provide:

- You/your dependents' names
- Nature of your condition
- Your employer's name
- Phone number where you can be reached
- The Hartford ID Number GLD-09012

You can also reach WA 24 hours a day by:

Email [ops@worldwideassistance.com](mailto:ops@worldwideassistance.com)

Fax 1-202-331-1528

Web site [www.worldwideassistance.com](http://www.worldwideassistance.com)

## Paying For Services

After verifying coverage eligibility, WA will pay for the following Emergency Medical Assistance services previously described. *These services are only eligible for payment or reimbursement by WA if WA was contacted at the time of service and arranged and/or pre-approved the service.*

- Medical Evacuation/Return Home
- Return of Mortal Remains
- Traveling Companion Assistance
- Internal Expenses, including telephone calls, medical monitoring fees, or time dedicated to managing your medical care
- Dependent Children Assistance
- Visit by a Family Member or Friend

If costs are incurred for any other WA services, you are responsible for paying those costs or reimbursing the costs if initially paid by WA. WA will ask for your credit card information and debit your account for the required amount.

## Service Exclusions and Limitations

WA will not evacuate or repatriate you if you have infections under treatment that have not yet healed; you are pregnant and are either in or have passed your sixth month of pregnancy; or if the WA-designated physician determines that such transport is not medically advisable or necessary.

For a complete list of WA's service exclusions and limitations, please refer their Web site at [www.worldwideassistance.com](http://www.worldwideassistance.com).



# Optional Life, Dependent Life Spouse Monthly Premiums

Optional Life premiums are determined by your age on the preceding December 31 and the amount of insurance you select. Premiums for Dependent Life spouse coverage are the same as the Optional Life premiums, which are based on the employee's age.

## Monthly Rates for employees through age 69

Employee's Age	<35	35-39	40-44	45-49	50-54	55-59	60-64	65-69
Coverage								
\$10,000	\$ 0.72	\$ 0.84	\$ 1.34	\$ 1.86	\$ 2.88	\$ 4.50	\$ 6.90	\$10.30
\$20,000	1.44	1.68	2.68	3.72	5.76	9.00	13.80	20.60
\$30,000	2.16	2.52	4.02	5.58	8.64	13.50	20.70	30.90
\$40,000	2.88	3.36	5.36	7.44	11.52	18.00	27.60	41.20
\$50,000	3.60	4.20	6.70	9.30	14.40	22.50	34.50	51.50
\$60,000	4.32	5.04	8.04	11.16	17.28	27.00	41.40	61.80
\$70,000	5.04	5.88	9.38	13.02	20.16	31.50	48.30	72.10
\$80,000	5.76	6.72	10.72	14.88	23.04	36.00	55.20	82.40
\$90,000	6.48	7.56	12.06	16.74	25.92	40.50	62.10	92.70
\$100,000	7.20	8.40	13.40	18.60	28.80	45.00	69.00	103.00
\$110,000	7.92	9.24	14.74	20.46	31.68	49.50	75.90	113.30
\$120,000	8.64	10.08	16.08	22.32	34.56	54.00	82.80	123.60
\$130,000	9.36	10.92	17.42	24.18	37.44	58.50	89.70	133.90
\$140,000	10.08	11.76	18.76	26.04	40.32	63.00	96.60	144.20
\$150,000	10.80	12.60	20.10	27.90	43.20	67.50	103.50	154.50
\$160,000	11.52	13.44	21.44	29.76	46.08	72.00	110.40	164.80
\$170,000	12.24	14.28	22.78	31.62	48.96	76.50	117.30	175.10
\$180,000	12.96	15.12	24.12	33.48	51.84	81.00	124.20	185.40
\$190,000	13.68	15.96	25.46	35.34	54.72	85.50	131.10	195.70
\$200,000	14.40	16.80	26.80	37.20	57.60	90.00	138.00	206.00
\$210,000	15.12	17.64	28.14	39.06	60.48	94.50	144.90	216.30
\$220,000	15.84	18.48	29.48	40.92	63.36	99.00	151.80	226.60
\$230,000	16.56	19.32	30.82	42.78	66.24	103.50	158.70	236.90
\$240,000	17.28	20.16	32.16	44.64	69.12	108.00	165.60	247.20
\$250,000	18.00	21.00	33.50	46.50	72.00	112.50	172.50	257.50
\$260,000	18.72	21.84	34.84	48.36	74.88	117.00	179.40	267.80
\$270,000	19.44	22.68	36.18	50.22	77.76	121.50	186.30	278.10
\$280,000	20.16	23.52	37.52	52.08	80.64	126.00	193.20	288.40
\$290,000	20.88	24.36	38.86	53.94	83.52	130.50	200.10	298.70
\$300,000	21.60	25.20	40.20	55.80	86.40	135.00	207.00	309.00
\$310,000	22.32	26.04	41.54	57.66	89.28	139.50	213.90	319.30
\$320,000	23.04	26.88	42.88	59.52	92.16	144.00	220.80	329.60

\$330,000	23.76	27.72	44.22	61.38	95.04	148.50	227.70	339.90
\$340,000	24.48	28.56	45.56	63.24	97.92	153.00	234.60	350.20
\$350,000	25.20	29.40	46.90	65.10	100.80	157.50	241.50	360.50
\$360,000	25.92	30.24	48.24	66.96	103.68	162.00	248.40	370.80
\$370,000	26.64	31.08	49.58	68.82	106.56	166.50	255.30	381.10
\$380,000	27.36	31.92	50.92	70.68	109.44	171.00	262.20	391.40
\$390,000	28.08	32.76	52.26	72.54	112.32	175.50	269.10	401.70
\$400,000	28.80	33.60	53.60	74.40	115.20	180.00	276.00	412.00
\$410,000	29.52	34.44	54.94	76.26	118.08	184.50	282.90	422.30
\$420,000	30.24	35.28	56.28	78.12	120.96	189.00	289.80	432.60
\$430,000	30.96	36.12	57.62	79.98	123.84	193.50	296.70	442.90
\$440,000	31.68	36.96	58.96	81.84	126.72	198.00	303.60	453.20
\$450,000	32.40	37.80	60.30	83.70	129.60	202.50	310.50	463.50
\$460,000	33.12	38.64	61.64	85.56	132.48	207.00	317.40	473.80
\$470,000	33.84	39.48	62.98	87.42	135.36	211.50	324.30	484.10
\$480,000	34.56	40.32	64.32	89.28	138.24	216.00	331.20	494.40
\$490,000	35.28	41.16	65.66	91.14	141.12	220.50	338.10	504.70
\$500,000	36.00	42.00	67.00	93.00	144.00	225.00	345.00	515.00

## Monthly Rates for employees age 70 and older

Employee's Age		70-74		75-79		80+
Coverage	Coverage		Coverage		Coverage	
\$10,000	\$6,500	\$ 10.82	\$4,200	\$ 11.36	\$3,170	\$ 14.34
\$20,000	\$13,000	21.62	\$8,400	22.76	\$6,340	28.68
\$30,000	\$19,500	32.46	\$12,600	34.12	\$9,510	43.00
\$40,000	\$26,000	43.26	\$16,800	45.48	\$12,680	57.34
\$50,000	\$32,500	54.08	\$21,000	56.88	\$15,850	71.66
\$60,000	\$39,000	64.90	\$25,200	68.24	\$19,020	86.02
\$70,000	\$45,500	75.70	\$29,400	79.62	\$22,190	100.34
\$80,000	\$52,000	86.54	\$33,600	91.00	\$25,360	114.68
\$90,000	\$58,500	97.34	\$37,800	102.36	\$28,530	129.02
\$100,000	\$65,000	108.16	\$42,000	113.74	\$31,700	143.36
\$110,000	\$71,500	118.98	\$46,200	125.10	\$34,870	157.68
\$120,000	\$78,000	129.78	\$50,400	136.48	\$38,040	172.02
\$130,000	\$84,500	140.62	\$54,600	147.86	\$41,210	186.34
\$140,000	\$91,000	151.42	\$58,800	159.22	\$44,380	200.70
\$150,000	\$97,500	162.24	\$63,000	170.60	\$47,550	215.02
\$160,000	\$104,000	173.06	\$67,200	181.98	\$50,720	229.36
\$170,000	\$110,500	183.86	\$71,400	193.34	\$53,890	243.68
\$180,000	\$117,000	194.70	\$75,600	204.72	\$57,060	258.04
\$190,000	\$123,500	205.50	\$79,800	216.10	\$60,230	272.36
\$200,000	\$130,000	216.32	\$84,000	227.46	\$63,400	286.70
\$210,000	\$136,500	227.14	\$88,200	238.86	\$66,570	301.02
\$220,000	\$143,000	237.94	\$92,400	250.22	\$69,740	315.36
\$230,000	\$149,500	248.76	\$96,600	261.58	\$72,910	329.70

\$240,000	\$156,000	259.58	\$100,800	272.98	\$76,080	344.02
\$250,000	\$162,500	270.40	\$105,000	284.34	\$79,250	358.38
\$260,000	\$169,000	281.22	\$109,200	295.70	\$82,420	372.70
\$270,000	\$175,500	292.02	\$113,400	307.10	\$85,590	387.04
\$280,000	\$182,000	302.86	\$117,600	318.46	\$88,760	401.36
\$290,000	\$188,500	313.66	\$121,800	328.82	\$91,930	415.72
\$300,000	\$195,000	324.48	\$126,000	341.22	\$95,100	430.04
\$310,000	\$201,500	335.30	\$130,200	352.58	\$98,270	444.38
\$320,000	\$208,000	346.10	\$134,400	363.96	\$101,440	458.70
\$330,000	\$214,500	356.94	\$138,600	375.34	\$104,610	473.06
\$340,000	\$221,000	367.74	\$142,800	386.70	\$107,780	487.38
\$350,000	\$227,500	378.56	\$147,000	398.08	\$110,950	501.72
\$360,000	\$234,000	389.38	\$151,200	409.44	\$114,120	516.04
\$370,000	\$240,500	400.20	\$155,400	420.82	\$117,290	530.40
\$380,000	\$247,000	411.00	\$159,600	432.20	\$120,460	544.72
\$390,000	\$253,500	421.82	\$163,800	443.56	\$123,630	559.06
\$400,000	\$260,000	432.64	\$168,000	454.94	\$127,000	573.38
\$410,000	\$266,500	443.46	\$172,200	466.32	\$129,970	587.72
\$420,000	\$273,000	454.26	\$176,400	477.68	\$133,140	602.06
\$430,000	\$279,500	465.08	\$180,600	489.06	\$136,310	616.38
\$440,000	\$286,000	475.90	\$184,800	500.44	\$139,480	630.74
\$450,000	\$292,500	486.72	\$189,000	511.80	\$142,650	645.06
\$460,000	\$299,000	497.54	\$193,200	523.20	\$145,820	659.40
\$470,000	\$305,500	508.34	\$197,400	534.56	\$148,990	673.72
\$480,000	\$312,000	519.18	\$201,600	545.92	\$152,160	688.08
\$490,000	\$318,500	529.98	\$205,800	557.32	\$155,330	702.40
\$500,000	\$325,000	540.80	\$210,000	568.68	\$158,500	716.74

## Dependent Life Child Monthly Premiums

Monthly premium for Dependent Life child coverage is \$1.32 regardless of the number of children covered.

